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A Comparison between Novice and Experienced Therapists' Inner Experiences During Therapy

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A COMPARISON BETWEEN NOVICE AND EXPERIENCED THERAPISTS' INNER EXPERIENCES DURING THERAPY

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ABSTRACT

The purpose of this study was to explore the similarities and differences of inner experiences for novice and experienced therapists during the therapy process. Four therapists-in-training and four licensed therapists audiotaped a session, then utilized the audiotape to cue the written recall of their inner experiences at the time of the session. These inner experiences were then coded using three dimensions of the Inner Experience Coding Schema (Wynne et al., 1995): (1) cognitive complexity, (2) focus, and (3) judgement. Although statistically significant differences were found between the two groups for the cognitive complexity ($p < .0001$ level), focus ($p < .005$ level), and judgement ($p < .0001$ level) dimensions, some similarities in patterns for these dimensions were apparent. The findings contribute to the knowledge concerning therapist in-session experiences across developmental levels.

CHAPTER I

INTRODUCTION

A major challenge and responsibility in the applied fields of psychology belongs to those involved in the training of new therapists. The quality of instruction that students receive will influence the direction and future of their professional work. To be effective, those involved with therapist training should have a keen understanding and appreciation of the therapeutic process.

Psychotherapy process research is one type of research that has aided in the understanding of the therapeutic process. Hill, Nutt, and Jackson (1994) defined this research as "those studies that examined the within-session interaction in face-to-face treatment with therapists and clients" (p.365). They have contrasted this with psychotherapy outcome research, which was defined as "those studies that examined the global effects of treatment or changes that occurred as a result of treatment" (p.365). It is important to note, however, that the differences between these types of research have been described as unclear (Hill, 1982). Unfortunately, there are a myriad of reasons (e.g., slow and tedious progress, lack of funding) which have been identified as probable deterrents for researchers to participate in process research (Strupp, 1973; Vachon et al., 1993). Despite this, process research has been described as crucial in "determining the change mechanisms in therapy" (Hill et al., p.364). For a description of the history of

process research see Hill & Corbett (1993).

Past researchers have examined various aspects of the therapeutic process. Hill & Corbett (1993) identified and labeled these process variables, that can be one of three types: (1) therapist behaviors, (2) client behaviors, or (3) the interactions between therapist and client. Although each of these aspects has contributed to the understanding of the therapeutic process, the importance assigned to therapist behaviors by researchers has made them the focus of many studies (Hill, 1990).

According to Hill & Corbett (1993), therapist behaviors have been described as being either overt (i.e., observable) or covert (i.e., unobservable). To study these covert processes, researchers have relied on therapist self-report (Hill, 1982). An early self-report method was Interpersonal Process Recall (IPR), that was developed by Kagan, Kranthwohl, and Miller (1963). This method utilized a videotape to help therapists review their in-session covert processes. Although this method has been used in recent times (e.g., Bernard, 1989) and was even reported as being "alive and well" (Kagan & Kagan, 1990, p.439), new methods of accessing covert processes have been developed and utilized by other researchers (e.g., Hill & O'Grady, 1985; Wynne, Susman, Ries, Birringer, & Katz, 1994). In fact, it has been reported that these efforts are the "most innovating and promising work in the process area" (Hill, p.13). Although some methods have used more structured measures to access covert processes (e.g., Morran, 1986), Borders, Fong-Beyette, & Cron (1988) claimed that utilizing these more structured measures is not always the most desirable because it limits the self-report of the therapists. Using more unstructured self-report techniques to examine "inner experiences"

(i.e., thoughts, feelings, rationales, fantasies, and/or bodily sensations) has become the focus of some researchers (e.g., Johnson, 1996; Nofzinger, 1997).

In addition to process variables described above, researchers have also identified and labeled input variables. According to Hill (1982), input variables differ from process variables in that they are present before the therapy begins and are controlled by the researcher. She has further explained that there are three types of input variables: (1) client variables (e.g., presenting type and severity of problem), (2) therapist variables (e.g., theoretical orientation), and (3) situational variables (e.g., proxemics). One specific therapist variable that has been focused upon by researchers is level of experience. There has been some discrepancy in the literature, however, concerning the way in which these levels of experience are defined. In particular, there has been difficulty distinguishing experienced from expert levels. Larkin, McDermott, Simon, & Simon (1980) claimed, however, that although experience is no guarantee of expertise, the two appear to be highly interrelated.

Many researchers have specifically focused on comparing novice and experienced therapists. For example, in his article on the implications of novice and expert cognitive processes for group supervision, Hillerbrand (1989) suggested that having novices be more aware of their cognitive processes is an excellent way to help them develop more complex ones. Hillerbrand & Claiborn (1990) also stated that interest in research identifying complex cognitive skills that constitute counseling expertise is increasing. In addition, Morran (1986) claimed that "the most important transformation of the learner, I have argued, is the transformation from novice to expert" (p.317).

Researchers have often postulated that differences must exist between the covert processes of novice and experienced therapists. For example, in his discussion of psychotherapy integration, Schacht (1991) claimed that "although psychotherapists have not been studied in the same manner as experts in chess, physics, computer programming, or medicine, it is reasonable to propose that similar general cognitive differences would apply to novice [versus] expert psychotherapists" (p.309). In addition, Etringer, Hillerbrand, & Claiborn (1995), published an article reconceptualizing the change in cognitive processes that might occur for novice and expert therapists.

The findings of studies in this area, however, have been inconclusive. Some researchers have been unable to establish differences. For example, Martin et al. (1986) utilized stimulated recall interviews to examine the cognitions of novice versus experienced therapists, but no significant differences were found. In their study, Hillerbrand & Claiborn (1990) examined reasoning skill differences of novice and expert therapists by having them generate diagnoses from standard psychological reports. The results indicated that no differences were found between novices and experts in terms of their cognitive processes.

Other researchers, however, have been able to find differences. For example, Kivlighan & Quigley (1991) looked at the differences in conceptualizations of group members by novice and experienced group therapists. The results of this study supported their hypothesis that novice therapists would tend to have less complex cognitions regarding the group process than experienced therapists. Martin, Slemon, Hiebert, Hallberg, & Cummings (1989) examined conceptualizations of novice and experienced

therapists by having the therapists write down thoughts and assemble them to form cognitive maps. Their results, although mixed, did reveal that the conceptualizations of the experienced therapists were somewhat more complex.

The purpose in preparing this thesis was to determine whether or not the inner experiences of novice therapists differ from those of experienced therapists during therapy. Since the results in the existing literature are mixed concerning whether or not differences exist between the covert processes of novice and experienced therapists, no apriori directional hypotheses were made. The findings will extend the knowledge base regarding therapist inner experiences and, in turn, help those involved with therapist training (e.g., supervisors and professors) achieve a better understanding of the therapeutic process for their work with trainees.

CHAPTER II

METHOD

Participants

Therapists. The novice group consisted of 4 therapists-in-training (2 white females and 2 white males) from master's programs in clinical and counseling psychology. The participants ranged in age from 25 to 35 years (M = 29.75, SD = 5.26). Each was completing his or her first therapy practicum. None of these individuals had any experiences in which they provided counseling to others prior to enrolling in the practicum nor did they have any course or training in counseling external to their master's program. The experienced group was comprised of 4 licensed therapists (1 white female and 3 white males) who were counseling clients on either a full-time or part-time basis. The ages of these therapists ranged from 34 to 55 years (M = 45.25, SD = 9.36). Three of the experienced therapists were clinical psychologists and one was a psychiatric social worker. The number of years in which they had been engaged in clinical work with clients ranged from 10 to 30 years (M = 21.00, SD = 8.69).

Clients. Eight clients (i.e., one for each therapist) participated in this study. There were 4 white females and 4 white males whose ages ranged from 26 to 60 years (M = 36.63, SD = 11.44). The number of female and male clients counseled by the novice and experienced therapists was equal (i.e., 2 female and 2 male clients per therapist

group).

Measures

Inner experiences. Each therapist provided a written report of his or her inner experiences as they occurred throughout the therapy session in the Inner Experience Recording Booklet (Wynne et al., 1995), which had been designed specifically for this purpose.

Working alliance. The therapists' views of the working alliance were assessed using the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989). This 36-item inventory utilizes a 7-point scale, with three 12-item subscales (Bond, Task, and Goal). Construct validation consisted of a two-step process of panel expert examination and multimethod-multitrait analysis. Convergent validity for both Goal and Task subscales were found, but was less evident for the Bond subscale. Composite internal consistency reliability was high (Cronbach's alpha = .93).

Therapist self-estimate. Each therapist also completed the Counseling Self-Estimate Inventory (COSE; Larson et al., 1992). This measures therapists' confidence in using basic counseling skills, dealing with the therapeutic process, handling difficult client behaviors, being culturally competent, and being able to identify their own biases. It is a 37-item inventory using a 6-point scale. Evidence of convergent and discriminant construct validity, as well as predictive criterion validity was reported. Composite internal consistency (Cronbach's alpha) was .93 and test-retest reliability over a 3-week period was .87.

Therapist attachment. Therapists' interactions with others were assessed by the Adult

Attachment Scale (Collins & Read, 1990). This is an 18-item inventory which utilizes a 5-point scale. Three dimensions underlying this measure were determined to be Close (i.e., how comfortable an individual is being emotionally close to others), Depend (i.e., how much a person believes he or she can count on others), and Anxiety (i.e., how comfortable someone is with the idea of being unloved). Evidence was found for both convergent and discriminant construct validity. Internal consistency reports (Cronbach's alpha) for the Close, Depend, and Anxiety dimensions were .75, .72, and .69, while 2 month test-retest correlations were .68, .71, and .52, respectively.

Demographic information. A two page demographic questionnaire was filled out by each therapist. Information concerning both therapist and client gender, race, and age was reported. In addition, the questionnaire included items pertaining to level of therapist experience and client treatment. No identifying information was requested.

Procedure

Recruiting. Since data had previously been collected by another researcher for the novice group (i.e., archival data was used), only the data from the experienced group was collected as part of this study. Mental health professionals employed in various work environments were contacted and were asked for their participation in this research project. Participating therapists were given a packet containing consent forms, the Inner experience Recording Booklet, which included the WAI, the COSE, the Adult Attachment Scale, and the demographic questionnaire; an audiotape; and a stamped envelope in which to return the materials when completed.

Two separate informed consent forms were used in this study. The first was filled out

by the participating therapists, while the second was filled out by the clients with whom the therapists were working. In order to protect the anonymity of the clients, an additional verification form was filled out by the therapists attesting that they had the signed client informed consent form in the client's file. Those who read the forms and chose to withdraw did so without any penalty.

The identity of each therapist participant was held in strict confidentiality. This included: (1) assigning each participant an identification number to substitute for their name, (2) keeping the information collected through this study in locked compartments, and (3) not reporting participants by name in the finished manuscript.

Reporting of inner experiences. The therapists participating in this study were asked to audiotape a counseling session with a client of their choice. This tape was then used to facilitate the recall and written reporting of their inner experiences that occurred throughout the session. In order to ensure accurate recall, it was requested that the therapists report their inner experiences within the same day the session occurred (immediately following, if possible).

Before actually writing their inner experiences, the therapists were instructed to just listen to the first 10 minutes of the audiotape. During this period, the therapists were asked to "relive" the session as it had previously occurred. After this 10 minute period, the therapists stopped the tape at the beginning of the next therapist speaking turn. A speaking turn was defined as a single word of any length, with the exception of minimal encouragers (e.g., um-hmms). At this point, the therapists played the speaking turn, again trying to relive the session.

After the therapists stopped the tape, they reported up to three inner experiences in the Inner Experience Recording Booklet for that speaking turn. In order to minimize any post-session reactions or analyses, the therapists were encouraged to write in the present tense. The therapists were also instructed that there were no "right" or "wrong" answers, which was intended to encourage therapists to freely express their inner experiences. If no inner experiences occurred during that speaking turn, the therapist was instructed to write "none".

The therapist was then asked to start the tape again. After the subsequent client speaking turn was finished, the therapists stopped the tape and again reported their inner experiences. The therapists continued this procedure for each alternating therapist and client speaking turns that followed. The therapist completed the task when either the tape ended or all 16 pages of the Inner Experience Recording Booklet had been used.

Coding of inner experiences. After the data had been collected, the inner experiences were coded according to the following three dimensions of the Inner Experience Coding Schema (Wynne et al., 1995): (1) cognitive complexity, (2) focus, and (3) judgement. A full description of these three dimensions is provided in the Appendix.

The raters who coded the therapist inner experiences had all been trained extensively (each rater participated in approximately 20 hours of training). Training included independently coding training transcripts, then discussing disagreements in a group setting to ensure understanding of the coding schema dimensions. Each rater independently coded the inner experiences in this study according to the three dimensions listed above. Working in dyads, the raters then met to resolve any discrepancies through

discussion for the cognitive complexity and focus dimensions. Interrater reliabilities (kappa) for cognitive complexity and focus were .75 and .71, respectively. Reliabililties across dyads for these two dimensions were .72 and .69, respectively. Scores on the judgement dimension were averaged.

Data analysis. Descriptive statistical analysis was conducted for the cognitive complexity, focus, and judgement dimensions. In addition, a Multivariate Analysis of Variance (MANOVA) was completed for cognitive complexity to determine whether or not there were significant differences between the mean scores of the novice and experienced therapists. Due to the low frequencies of inner experiences in the synthesis and evaluation levels, these levels were collapsed into the analysis level. This produced a 2 X 4 MANOVA, with level of experience as the independent variable and mean scores on the four levels of cognitive complexity as the dependent variables. The unit of measurement for this, and all statistical tests, was the inner experience. For the focus dimension, a 2 X 7 Chi Square Test of Independence was used to determine if significant differences existed between the two population distributions. A One-Way Analysis of Variance (ANOVA) was conducted for judgement to determine whether or not there were significant differences between the mean scores of the novice and experienced therapists. An alpha level of .05 was used to determine significance for all statistical tests.

CHAPTER III

RESULTS

Descriptive Statistical Analysis

A total of 1,120 inner experiences (473 novice and 647 experienced) were rated for cognitive complexity, focus, and judgement. The number of novice inner experiences ranged from 99 to 179 and averaged 118.25 (SD = 38.52), while the number of experienced therapist inner experiences ranged from 134 to 189 and averaged 161.75 (SD = 19.77). For the cognitive complexity dimension, the inner experiences of the novice therapists ranged from 2 to 32, with a mean score of 12.30 (SD = 4.78). The experienced therapists' inner experiences for this dimension ranged from 1 to 26 and averaged 9.29 (SD = 3.96). For the judgement dimension, the novice inner experiences ranged from -2.0 to 1.5, with a mean score of -0.02 (SD = 0.30). The inner experiences of the experienced therapists ranged from -2.0 to 2.0 and averaged 0.07 (SD = 0.47). The frequencies and percentages of the cognitive complexity, focus, and judgement dimensions are shown in Tables 1, 2, and 3, respectively.

Cognitive Complexity

The MANOVA for the cognitive complexity dimension was significant, $F(4, 1117) = 447.70$, $p < .0001$. In addition, the univariate analysis revealed significant differences between the mean scores of the novice and experienced therapists for each of the

cognitive complexity levels. Specifically, significance was found for simple observation, $F(1, 1118) = 1669.87$, $p < .0001$; comprehension, $F(1, 1118) = 153.71$, $p < .0001$; application, $F(1, 1118) = 69.58$, $p < .0001$; as well as the collapsed level including analysis, synthesis, and evaluation, $F(1, 1118) = 314.42$, $p < .0001$. The mean scores on the cognitive complexity levels for the novice and experienced groups are listed in Table 4.

Focus

The Chi Square Test of Independence indicated that the two population distributions were significantly different, $X^2(6, N = 1120) = 51.00$, $p < .005$.

Judgement

As can be seen in Table 5, the results of the ANOVA showed that there were significant differences between the mean scores of the novice and experienced therapists, $F(1, 1118) = 13.77$, $p < .0001$.

Table 1
Frequencies and Percentages of Cognitive Complexity by Levels of Experience

	Level of experience			
	Novice		Experienced	
Cognitive complexity	f	P	f	P
Simple observation				
Sophistication 1			4	0.6
Sophistication 2	6	1.3	21	3.2
Sophistication 3	2	0.4	24	3.7
Sophistication 4	3	0.6	16	2.5
Sophistication 5	6	1.3	6	0.9
Sophistication 6	3	0.6	3	0.5
Total	20	4.2	74	11.4
Comprehension				
Sophistication 1	7	1.5	59	9.1
Sophistication 2	30	6.3	175	27.0
Sophistication 3	90	19.0	147	22.7
Sophistication 4	101	21.4	57	8.8
Sophistication 5	32	6.8	25	3.9
Sophistication 6	8	1.7		
Total	268	56.7	463	71.5
Application				
Sophistication 1	10	2.1	12	1.9
Sophistication 2	53	11.2	33	5.1
Sophistication 3	32	6.8	17	2.6
Sophistication 4	8	1.7	9	1.4
Sophistication 5	5	1.1		
Sophistication 6				
Total	108	22.9	71	11.0
Analysis				
Sophistication 1	14	3.0	10	1.5
Sophistication 2	29	6.1	20	3.1
Sophistication 3	20	4.2	8	1.2
Sophistication 4	4	0.8		
Sophistication 5	2	0.4		
Sophistication 6				
Total	69	14.5	38	5.8

Table 1 (continued)

	Level of experience			
	Novice		Experienced	
Cognitive complexity	f	P	f	P
Synthesis				
Sophistication 1	2	0.4		
Sophistication 2	2	0.4	1	0.2
Sophistication 3	2	0.4		
Sophistication 4				
Sophistication 5				
Sophistication 6				
Total	6	1.2	1	0.2
Evaluation				
Sophistication 1				
Sophistication 2	2	0.4		
Sophistication 3				
Sophistication 4				
Sophistication 5				
Sophistication 6				
Total	2	0.4		

Table 2

Frequencies and Percentages of Focus by Levels of Experience

	Level of experience			
	Novice		Experienced	
Focus	f	P	f	P
Therapist	97	20.5	162	25.0
Client	113	23.9	168	26.0
Therapist-Client	164	34.7	131	20.2
Other	53	11.2	62	9.6
Client-Other	21	4.4	30	4.6
Relationship	10	2.1	16	2.5
Uncodable	15	3.2	78	12.1

Table 3

Frequencies and Percentages of Judgement by Levels of Experience

	Level of experience			
	Novice		Experienced	
Judgement	f	P	f	P
-3.0				
-2.5				
-2.0	1	0.2	1	0.2
-1.5	4	0.8	4	0.6
-1.0	2	0.4	13	2.0
-0.5	47	9.9	54	8.3
0.0	377	79.7	473	73.1
0.5	38	8.0	43	6.6
1.0	3	0.6	33	5.1
1.5	1	0.2	22	3.4
2.0			4	0.6
2.5				
3.0				

Table 4

Mean Scores on Cognitive Complexity Levels for Novice and Experienced Groups

	Level of experience			
	Novice		Experienced	
Cognitive complexity	M	SD	M	SD
Simple observation	3.90	1.52	3.11	1.19
Comprehension	9.54	1.03	8.60	1.03
Application	14.49	0.93	14.32	0.91
Analysis/Synthesis/Evaluation	21.04	2.55	20.10	1.19
Overall	12.30	4.78	9.29	3.96

Table 5

Analysis of Variance for Judgement

Source	SS	df	MS	F
Between groups	9.78	1	9.78	13.77*
Within groups	798.20	1118	0.71	

Note. *$p < .0001$.

CHAPTER IV

DISCUSSION

The results of this study indicate that the inner experiences of novice therapists differ from those of experienced therapists during therapy. Although statistically significant differences were found between the two groups for the cognitive complexity, focus, and judgement dimensions of the Inner Experience Coding Schema, some similarities in patterns for these dimensions were apparent.

Cognitive Complexity

The results for this dimension showed that the inner experiences of the experienced therapists were, overall, significantly less complex than those of the novices. Whereas approximately 83% of the experienced therapists' inner experiences fell within the first two levels of cognitive complexity (simple observation and comprehension), only about 61% of the novice inner experiences were at these levels. In addition, there were more inner experiences in the fourth level (analysis) for novices than for the experienced therapists. An examination of the sophistication ratings within these levels provides further support for this finding. For example, the sophistication ratings within the comprehension level reveal that the percentages of the higher sophistication ratings (i.e., sophistications 4, 5, and 6) were greater for the novice than for the experienced therapists.

Two explanations may clarify the counterintuitive finding that novice therapists reported more complex inner experiences than those of experienced therapists. First, the novice data was collected from students at a university where ongoing research concerning inner experiences occurs. In fact, some of the instructors at this university have students record their inner experiences as part of their training. Since the novice therapists in this study might have had more exposure to the concept of inner experiences and to the cognitive complexity dimension than other novice therapists, it is possible that they were predisposed to producing more complex inner experiences.

Another possible explanation is that, after many years of counseling their clients, experienced therapists have integrated many of their inner experiences into larger, very complex schemata. When asked to report their inner experiences, it might be difficult to separate these schemata into pieces small enough to report. This would also help to explain the finding that the number of inner experiences produced by the experienced therapists was greater than those by the novices. Since it is possible that they were unable to separate the complex schemata of inner experiences, the experienced therapists might have reported many of the less complex inner experiences that were not yet integrated into larger schemata.

It was also found that the novice therapists had more inner experiences within the third level of cognitive complexity (application). Almost 23% of the novice therapist inner experiences were applications, compared with only 11% for the experienced therapists. Given the likelihood that novice therapists are often feeling pressure to

perform, it is not surprising that they would be generating more frequent self-directions.

The novice and experienced therapists were similar in that very few of their inner experiences fell within synthesis and evaluation, the highest levels of cognitive complexity. Specifically, these accounted for only approximately 2% of all inner experiences for novice and experienced therapists combined. It is possible that the participants, due to time constraints, simply chose not to explicate their inner experiences in full detail when reporting them. Perhaps it would be advantageous for future researchers to continue examining the process of inner experience reporting and exploring new ways to eliminate this as a potential source of error.

Focus

One notable finding for this dimension was the significantly higher percentage within the therapist-client category for novice than for experienced therapists. Specifically, around 35% of their inner experiences were focused on both therapist and client, compared with approximately 20% for the experienced therapists. Since novice therapists are only becoming familiar with the process of therapy, perhaps they would have a more difficult time focusing solely on themselves or the clients. This is further supported by the fact that the experienced therapists had significantly more inner experiences in the separate therapist and client categories. It could also be considered counterintuitive, however, that the experienced therapists would focus solely on themselves more than the novices. Three of the four experienced therapists that participated in this study worked together in a group practice where self-awareness was regarded as an especially important aspect of being a therapist (e.g., self-awareness

workshops were highly recommended to therapists practicing there). Perhaps their strong commitment to self-awareness resulted in an increased number of inner experiences with a focus strictly on themselves.

Another finding is that there were significantly more experienced therapist inner experiences that were uncodable (i.e., too ambiguous to determine the focus). One potential explanation is grammatical in nature. Experienced therapists, after many years of practicing to be efficient in writing case notes, may be somewhat accustomed to leaving out subjects and pronouns. This would explain the increased difficulty in determining who or what is the focus of the inner experiences.

The differences in the number of inner experiences between the novice and experienced groups for the remainder of the categories (i.e., other, client-other, and relationship) were modest. More specifically, the percentages did not differ by more than 2% per category.

Judgement

In terms of the judgement dimension, there was a small, but statistically significant, difference in the number of negative judgements. Similarly, the percentages of inner experiences with judgement absent were nearly the same. It is noteworthy that the majority of the inner experiences for both the novice and experienced therapists fell within the judgement absent category. Perhaps this is an indication of the importance assigned by many therapists to being non-judgmental when counseling clients.

There was, however, a higher percentage of inner experiences with positive judgement for the experienced therapists. More specifically, judgement between 1.0 and

2.0 was merely about 1% for novices, but approximately 9% for experienced therapists. Perhaps the experienced therapists have learned to understand the importance of identifying and utilizing both the strengths of themselves and their clients. Praise, complements, and congratulations, in turn, were more abundant.

The are limitations to this study that should be acknowledged. First, the reporting of inner experiences was based on the written recall of a session that had previously occurred. Despite the fact that comprehensive precautions were taken to prevent this, it is possible that some of the inner experiences were actually post-session reactions or analyses. Second, despite the fact that full anonymity was granted, the reporting of inner experiences is still an extremely personal process. There is no guarantee that the participating therapists did not leave out or modify inner experiences that they felt were too uncomfortable to share (e.g., those that had intensely private content or were highly judgmental).

One possibility for future research is to link dimensions of the Inner Experience Coding Schema to facilitate an even better understanding of inner experiences. For example, by linking the focus and judgement dimensions, one could determine who or what was the focus of the judgements in the inner experiences. Future researchers can also broaden our understanding of inner experiences by comparing, both quantitatively and qualitatively, therapists across all developmental levels. As the entirety of the experiential continuum is examined with new methodologies, a more complete picture of the evolution of inner experiences can be established. Finally, outcome measures should be incorporated into the examination of therapist inner experiences. This will allow

researchers to determine the effects of frequency and type of inner experiences on therapeutic efficacy.

APPENDIX
THE INNER EXPERIENCE CODING SCHEMA

APPENDIX

Dimension I

Introduction. Dimension I captures the cognitive complexity of the inner experience. Dimension I codes are given to each inner experience according to rules based on the type of mental processing present in the inner experience. This does not, however, imply purely grammatical content. Theoretically, each code subsumes those below it; i.e., it assumes that the lower level processes are required in order for the higher level processes to occur.

In addition to the complexity rating on Dimension I, each inner experience is rated for sophistication using a continuum from 1 to 6. This allows a finer-grained analysis of the processing within the levels of cognitive complexity. For example, inner experiences that border on the next level of complexity but do not meet the requirements to be coded at the higher level would be given a lower complexity rating with a higher sophistication rating.

Simple observation. A simple observation is the registration by the therapist of concrete and sensory-based information from environmental and/or internal stimuli. The content of the information is not manipulated or changed, rather it is the unelaborated acknowledgment of the stimulus. It is the most basic component material that subsequently may be used to form an idea.

Comprehension. Comprehension refers to the level of cognitive processing that

moves beyond the simple registration of information; including interpretation, organization, categorization, and generalization of environmental or internal stimuli to form a complete idea.

Application. An application is the next level in which the therapist uses prior comprehensions to form self directions that initiate or stop a specific action within the session. When using application, the therapists is trying to affect the clients and/or his or her own internal processes or behavior within the current session.

Analysis. An analysis combines two or more complete ideas within one reported inner experience. Applications also may be added together or to comprehensions to form an analysis. By placing these ideas together, it is assumed that the therapist is trying to make sense of an in-session event, situation, or internal stimulus.

Synthesis. A synthesis moves beyond analysis in order to create a new idea that organizes ideas to form a new understanding of the relationship between/among the ideas. In other words, the synthetic idea constructs schema that organizes or subsumes a group of ideas and lends greater meaning to them.

Evaluation. An evaluation is a process whereby the therapist, having created or revised an existing schema, directs her or himself to a course of action for the current session and/or formulates broader therapeutic goals.

Dimension II

Introduction. Dimension I captures the complexity of the cognitive process of the therapist. Dimensions II and III describe the content of the therapist's inner experience. In coding dimension II, the question to ask is: "Who or what is this inner experience mostly

about?" Certainly, the therapist and client are implicitly or even explicitly present in every inner experience; yet the purpose of the Dimension II is to discriminate the focus of the inner experience. Dimension II has the following categories: therapist, client, therapist-client, relationship, client-other, other, and uncodable.

Therapist. The therapist is the focal point of the inner experience.

Client. The client is the focal point of the inner experience.

Therapist-Client. Often a single inner experience will contain some focus on both therapist and the client. If the therapist and client are both explicitly present, the inner experience should be coded as therapist-client. Since the inner experience belongs to the therapist, he or she is always implicitly present, but if the focus is merely implied, the inner experience should be coded as client.

Other. The focal point of the inner experience is on something or someone other than the client, therapist, or relationship. The inner experience must refer to a person, concrete object, or a concept/construct.

Client-Other. As in the case of therapist client, a number of inner experiences will contain a focus on both the client and some other (person/thing/concept). Those inner experiences that contain an explicit mention of both client and other should be coded as client-other.

Relationship. The focal point of the inner experience is the therapeutic process (i.e, working alliance, transference, countertransference), as well as problems regarding the quality or maintenance of the relationship between the therapist and client. Relationships between either the therapist or client and others outside of the therapy

relationship are not considered relationship.

Uncodable. This category is used for inner experiences that are too ambiguous to code or when no category is applicable.

Dimension III

Introduction. Dimension III describes the degree of judgmental quality, if any, present in the inner experience. Judgement is reflected on a seven point scale, ranging from negative three, through zero (no judgement), to positive three.

Negative judgement. Inner experiences that are critical, censuring, or disapproving are rated on a continuum from (-1) to (-3).

Positive judgement. Inner experiences that praise, complement, or congratulate are rated on a continuum from (+1) to (+3).

Judgement absent/neutral. Inner experiences are coded as (0) if there is no positive or negative judgement, discernable, including diagnostic labels with no associated affective component.

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